



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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Page 2

## Packaging

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
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### FAULT CATEGORY

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# Work Order ID 121611

Thursday, June 26, 2014 3:04:36 PM

**\*121611\***

Page 3

Item ID: D4880-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Strut  
Start Date: 6/26/14 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 6/26/14 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC5- Inspect part completeness to step on W/O	0.00							DAS 38 9-89
<b>*150*</b>									14-9-4
QC	Memo	0.00							
Quality Control									
160	Identify as per dwg & Stock Location	0.00							
<b>*160*</b>									
Packaging	Memo	0.00							
Packaging									
170	QC21- Final Inspection - Work Order Release	0.00							
<b>*170*</b>									
QC	Memo	0.00							
Quality Control									

MLJ 14-09-08  
MF  
14-9-5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Training									
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**FAULT CATEGORY**

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		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

Thursday, June 26, 2014 3:04:35 PM

Page 1

Work Order ID: 121611

**\*121611\***

Parent Item: D4880-1

**\*D4880-1\***

Parent Item Name: Strut

Start Date: 6/26/14

Required Date: 6/26/14

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 13.12.17 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M174PH-H900R0.750		Purchased	No				f	15.1958		5			
<b>*M174PH-H900R0 750*</b>									<b>**</b>			14/08/23	DAS 40 9-89
17-4 SS H900 ROUND BAR 0.750"													

Location

Loc Qty

Loc Code

MAT031

15.1958

M127334

3.8

M128809

11.3958

→ 129897

6.0

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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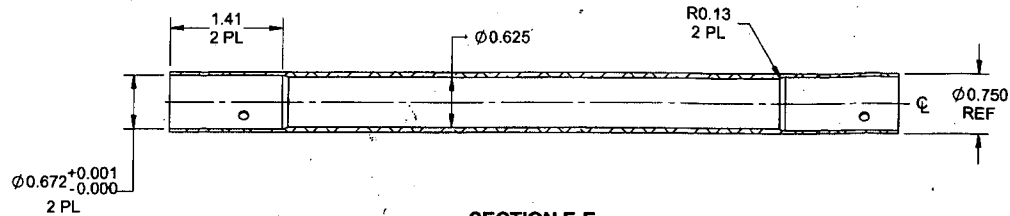
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
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### FAULT CATEGORY

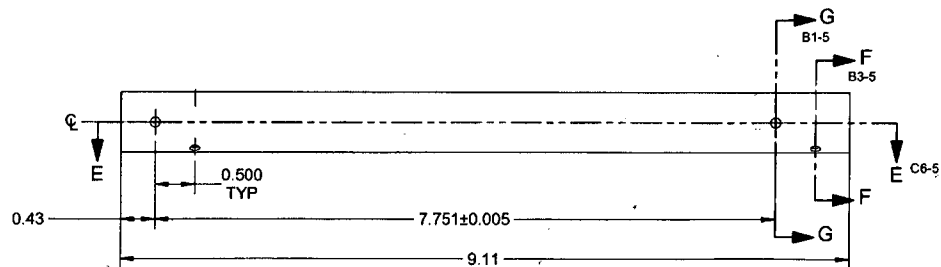
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**SECTION E-E B4-5**

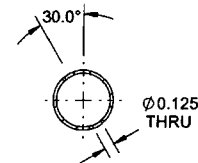


**D4880-1 STRUT**

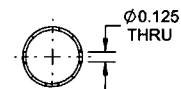
**NOTES:**

- 1) MATERIAL: 17-4 PH/S17400/TYP 630 SS ROUND BAR, H900 CONDITION  
PER AMS 5643/ASTM A564  
DART SPEC M17-4-R
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.31 lbs
- 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 121611 MLJ  
1406-30



**SECTION F-F C5-5**  
2 PL



**SECTION G-G C5-5**  
2 PL

**RELEASED**  
2014-06-16  
WV

APPROVED

DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	VS	DRAWING NO.	REV. B
MFG. APPR.	JFS	<b>D4880</b>	SHEET 5 OF 5
APPROVED	HS	TITLE	SCALE
DE APPR.	DS	<b>LEG ASSEMBLY</b>	NTS
DATE	14.04.08	COPYRIGHT © 2013 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			



# skyservice

Air travel. Evolved.

## NDT Work Order

Sky Service F.B.O. Inc.

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

WO #: YYZ

70279

Customer: DART AEROSPACE

Dept: NDT YYZ

Reference: 25608

Make:

Model:

Reg:

A/C S/N:

TSN:

CSN:

TSO:

Tail#:

Task: ☒ Scheduled ☐ Unscheduled ☐ A.O.G. ☒ P.T. ☐ M.T. ☐ E.T. ☐ U.T. ☐ R.T.

### Work Required:

CARRY OUT NDT IAW ITEM ID'S AND ITEM NAMES LISTED BELOW;

① ITEM ID = D4807-041 WORK ORDER ID'S 121570, 123237,  
122320, 121569 TOTAL QTY = 17

② ITEM ID = D4881-1 WORK ORDER ID'S 121698, QTY 12

③ ITEM ID = D4882-1 WORK ORDER ID 121622 QTY = 10

④ ITEM ID = D4880-1 WORK ORDER ID 121611 QTY = 6

### Action Taken:

Date:

Initial/Stamp:

LIQUID PENETRANT INSPECTION CARRIED

OUT ON ITEMS LISTED ABOVE

IAW ASTM E1417 - M13

03 SEPT  
2014



NO CRACKS FOUND

BLACK LIGHT - T-20990N

PENETRANT = ARDROX 970 P25 E

BATCH #

02312131

I certified that the maintenance described above has been performed with the applicable standard of airworthiness.

Signature:

Name:

GARY SMITH

ACA/SCA Stamp



Date:

03 SEPT  
2014